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PTO/3B/22 (00-03)

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pand to a collection of information unless if deplays a valid OMB control number.

In re Application of Greg Volgas et Application Number 10/081627-Conf. #1948 For AGRICULTURAL FORMULATI Art Unit 1616 Exa This is a request under the provisions of 37 CFR 1.136(a) to extend the period dentified application. The requested extension and appropriate non-small-entity fee are as follows (compared to the period dentified application). X One month (37 CFR 1.17(a)(1)) Two months (37 CFR 1.17(a)(2)) Three months (37 CFR 1.17(a)(3)) Four months (37 CFR 1.17(a)(4))	Filed Feb ON miner for filing a replication periods theck time periods \$ \$ \$						
This is a request under the provisions of 37 CFR 1.136(a) to extend the period dentified application. The requested extension and appropriate non-small-entity fee are as follows (compared by the compared b	Feb ON miner for filing a repl theck time periods \$ \$	S. Clardy y in the above od desired):					
Art Unit 1616 Exa This is a request under the provisions of 37 CFR 1.136(a) to extend the period dentified application. The requested extension and appropriate non-small-entity fee are as follows (compared to the compared to the compare	rniner for filling a replication for filling	y in the above od desired):					
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dentified application. The requested extension and appropriate non-small-entity fee are as follows (compared to the month (37 CFR 1.17(a)(1)) Two months (37 CFR 1.17(a)(2)) Three months (37 CFR 1.17(a)(3))	theck time periods	od desired):					
X One month (37 CFR 1.17(a)(1)) Two months (37 CFR 1.17(a)(2)) Three months (37 CFR 1.17(a)(3))	\$ \$ \$						
Two months (37 CFR 1.17(a)(2)) Three months (37 CFR 1.17(a)(3))	\$	110.00					
Three months (37 CFR 1.17(a)(3))	\$						
Four months (37 CFR 1.17(a)(4))	S.						
		\$					
Five months (37 CFR 1.17(a)(5))	<u>\$</u>						
A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. X The Director has already been authorized to charge fees in this applicated. X The Director is hereby authorized to charge any fees which may be required everpayment, to Deposit Account Number 03-2775. I have enclosed a duplicate copy of this sheet.	·						
I am the applicant/inventor.	•						
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
attorney or agent of record. Registration Number attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) Date	35,646 Asignature	Eynl_					
(302) 658-9141	Ashley I. Pezz ped or printed						
NOTE: Signatures of all the Inventors or assignace of record of the entire interest or their representative than one signature is required, see below	e(a) are required. St	ubmit multiple forms If more					

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PTO/\$B/17 (10-03)
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MOOFF MICHENIAN CONTRACTOR

Under the Paperwork Reduction Act of 1999, no paraons are requi		Complete if Known					
FEE TRANSMILIAL	FEE TRANSMITTAL Application Number		er 10/081627-Conf. #1948				
H-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		February 20, 2002					
101 F1 2004 First Named Inventor		ntor Greg Volgas					
Effective 10/01/2003, Patent fees and subject to endual revision. Examiner Name		S. Clardy					
Applicant claims small entity status, See 37 CFR 1.27	Applicant claims small entity status, See 37 CFR 1.27 Art Unit		1616				
OTAL AMOUNT OF PAYMENT (\$) 110,00 Attorney Docket No.			0.0306-00203-US				
	FEE CALCULATION (continued)						
Company of the compan							
Check Cord Order Other None 3. ADDITIONAL FEES							
X Deposit Account:							
Daposit Account 03-2775	Fee	Fee I	Foe	Entity	_		
Number	Code		Code	(\$)	Fee Description Fee Pald		
Peposit Account Connally Bove Lodge & Hutz LLP	1051	130	2051	65	Surcharge - late filing fee or cath		
Name	1052	50	2052	25	Surcharge - late provisional filing fec or cover		
The Director is authorized to: (check all thet apply)		!			sheel.		
X Credit any overpayments	1053	130	1053		Non-English apecification		
X Charge any additional fee(s) or any underpayment of fee(s)	1812	2,520	1812	2,520	For tiling a request for ox parts reaxamination		
Charge fee(s) indicated below, except for the filing fee	1804	920*	1904	920"	Requesting publication of SIR prior to Examiner scalari		
to the above-identified deposit account.	1805	1,840*	1805	1,940"	Demonstrate publication of OID affor		
FEE CALCULATION	1251	110	2251	55	Extension for reply within first month 110.00		
1. BASIC FILING FEE	1252	420	2252	210	Extension for reply within second month		
Large Entity Small Entity	1253		2253	475	Extension for reply within third month		
Fac Fac Fac Fac Fac Fac Fac Description Fee Paid Code (5)	1254	1,480	2254	740	Extension for reply within fourth month		
1001 770 2001 385 Utility Rting fee	1255		2255		Extension for reply within lifth month		
1002 340 2002 170 Design liling fee	1401	330	2401	165	Notice of Appeal		
1003 530 2003 265 Plant filing fec	1402		2402	165 146	Filing a brief in support of an appeal Request for oral hearing		
1004 770 2004 385 Reidaue filing fee	1451		1451		Polition to institute a public use proceeding		
	1452		2452	55	Pelition to revive - unavoidable		
SUBTOTAL (1) (\$) 0.00	1453	1,330	2453	665	Petition to revive - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue fée (or réissue)		
Extra Fee fromCtoimsFee Paid	1502	480	2502	240	Design issue fee		
Total Cisims -**= x	1503	-	2503	320	Plant Issue Iss		
Independent x	1460		1460	130	Politions to the Commissioner		
Mulliple Dependent	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		
Large Entity Small Entity	1806	180	1806	180	Submission of Information Disclosure Start		
Fas Fas Fas Fas Fas Fas Fas Description	9021	40	6021	40	Recording each palent assignment per property (times number of properties)		
1202 18 2202 9 Claims in excess of 20	1809	770	2809	365	Filing a submission after final rejection (37 CFR 1.129(a))		
1201 66 2201 43 Independent claims in excess of 3	1610	770	2610	385	For each additional invention to be		
1203 290 2203 145 Multiple dependent claim. If not paid 1204 86 2204 43 Reisaue independent claims	1		1		examined (37CFR 1.129(b))		
1204 86 2204 43 "Reisaue independent claims over original palent	1801		2801	385 900	Request for Continued Examination (RCE) Request for expedited examination		
1205 18 2205 9 "Regissue claims in excess of 20	1802		1802	900	of a design application		
and over original patent	Other fee (specify)						
SUBTOTAL (2) (3) 0.00 Reduced by Bealo Filing Fice Peld SUBTOTAL (3) (5) 110.00							
"or number previously paid, if greater, For Relssues, see above [SUBMITTED BY (Complete (f papilicable))							
	Regis	ration N). Jac	BAC	(Complete (f spplicable))		
Name (PrinkType) Ashley I. Pezzner	(Altorr	ey/Agent	133	,646	Telephone (302) 658-9141		
Signature Landly & Server Date 2/18/64							